

Smokerise Apartments Rental Application

Contact: 330-322-7532 | ltobin.cook@gmail.com

Each adult must complete a separate application.
Proof of identification required at the initial meeting.

Applicant Information			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	Zip:	
Current Driver's License #:			
Children (Circle one):	Yes	No	Gender: Male Female Age:
# of Occupants:	Names of Occupants:		
E-mail:			
Current Living Information			
(Circle one) Own Rent Monthly Payment:			
Length of Occupancy:			
Landlord Contact:			
Reason for Leaving:			
Employment Information			
Current Employer:		Length of Employment:	
Employer Address:		Phone:	
City:	State:	Zip:	
Position:	(Circle one)	Hourly	Salary Annual Income:
Emergency Contact Information			
Name:			
Address:			
City:	State:	Zip:	
Relationship:		Phone:	
Co-Applicant Information (If Married)			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	Zip:	
Current Driver's License #:			
Children (Circle one):	Yes	No	Gender: Male Female Age:
E-mail:			
Co-Applicant Employment Information			
Current Employer:		Length of Employment:	
Employer Address:		Phone:	
City:	State:	Zip:	
Position:	(Circle one)	Hourly	Salary Annual Income:
References			
Name:	Address:		Phone:

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Vehicle Information		
Parking includes space for 2 vehicles; 1 in the garage and 1 in the driveway. **NO PARKING ALLOWED IN THE ROADWAY**		
Vehicle 1:	Make:	Model:
Color:	License Plate #:	State:
Vehicle 1:	Make:	Model:
Color:	License Plate #:	State:
Additional Information		
1. Have you ever been evicted? If so, why?		
2. Have you ever had a foreclosure/repossession? If so, why?		
3. Have you ever filed for bankruptcy? If so, why and what kind?		
4. Have you ever been convicted of a crime? If so, why?		
A Photo Copy Of Your Driver's Licesnse or ID Is Required		
Please attach pay check stub(s) to this application		
<p>I hereby certify/declare that the application is complete, true, and correct. I give permission to release the credit report, residency/past residency, and personal information of the undersigned applicant/s to Smokerise, LLC or its authorized agents, at any time, for the purposes of enetering into and continuing to offer or collect on any agreement and/or credit extended. I further authorized Smokerise, LLC or its authorized agents to verify the application information but not limited to obtaining criminal and credit records, contacting creditors, present or former landlords, employers and personal references whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Smokerise, LLC. Any false information will constitute ground for denial of application. Smokerise, LLC may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.</p>		
Applicant's or Applicants' Authorization		
Applicant/applicants agree/s to transfer all utilities into his/her name no later than the initial date of occupancy.		
Name:	Date:	
Signature:		
Name:	Date:	
Signature:		
Pets		
No pets are allowed at any time on the premises without prior consent and payment of fees		